



## RESEARCH BRIEF

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### Using a Universal Screener to Identify Veterans Experiencing Housing Instability

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#### BACKGROUND

Ending Veteran homelessness is a high priority for the U.S. Department of Veteran Affairs (VA). Veterans are overrepresented within the homeless population—comprising approximately 12% of homeless adults<sup>1</sup>—and are at a particularly high risk of homelessness compared to the general population of individuals living in poverty.<sup>2</sup> To prevent and end homelessness among Veterans, VA has refined its programming and policies to focus on ending chronic homelessness and preventing new episodes of homelessness. To support the latter, VA has allocated almost \$1 billion toward homelessness prevention and rapid re-housing services during Federal Fiscal Years (FFY) 2011–2014 through the Supportive Services for Veteran Families (SSVF) program. Prevention, or closing the “front door,” is a critical component to ending homelessness.

To improve VA’s ability to identify Veterans who are at risk of homelessness—or experiencing homelessness but not accessing services—the VA National Center on Homelessness Among Veterans, in collaboration with the VA National Clinical Reminders Committee, developed a two-stage Homelessness Screening Clinical Reminder (HSCR) to conduct an ongoing, universal screen for homelessness and risk among Veterans accessing healthcare services.<sup>3,4</sup> The objective of this national, health system-based screening instrument is to enhance the rapid identification of Veterans who have very recently become homeless or are at imminent risk of homelessness, and to ensure that they are referred for the appropriate assistance to stabilize their housing crisis or to rapidly rehouse them if they have fallen into homelessness.

#### DATA AND METHODS

The HSCR comprises two primary questions intended to assess current homelessness and imminent risk of homelessness:

- In the past two months, have you been living in stable housing that you own, rent, or stay in as part of a household? (“No” response indicates Veteran is positive for *homelessness*.)
- Are you worried or concerned that in the next two months you may NOT have stable housing that you own, rent, or stay in as part of a household? (“Yes” response indicates Veteran is positive for *risk*.)

Veterans who screen positive are asked two additional questions: (1) where they have lived for most of the previous two months, and (2) whether they want to be referred to social work or

homeless services to address their housing instability. Veterans' responses to the HSCR are stored in the VA's Corporate Data Warehouse along with additional information captured through their medical records, such as demographics, diagnoses, and services utilization. Data for this research brief were collected during the first year of implementation of the HSCR: October 1, 2012 through September 30, 2013.

In addition to the prevalence of homelessness and risk across the entire VA system, this brief presents prevalence by age and gender as well as geographic location. The brief also provides information about the current living situation of Veterans who screened positive for homelessness, and for those Veterans who responded to the HSCR twice during FFY 2013, whether their homelessness or risk were resolved.

## RESULTS

During the first year of implementation, more than 4.3 million Veterans accessing outpatient healthcare services through the Veterans Health Administration (VHA) responded to the HSCR. Veterans who were already engaged with VHA homeless services and those receiving palliative or long-term care were excluded from the HSCR. Among those screened during this period, 0.8% reported current homelessness and 1.0% reported imminent risk.

### Demographics

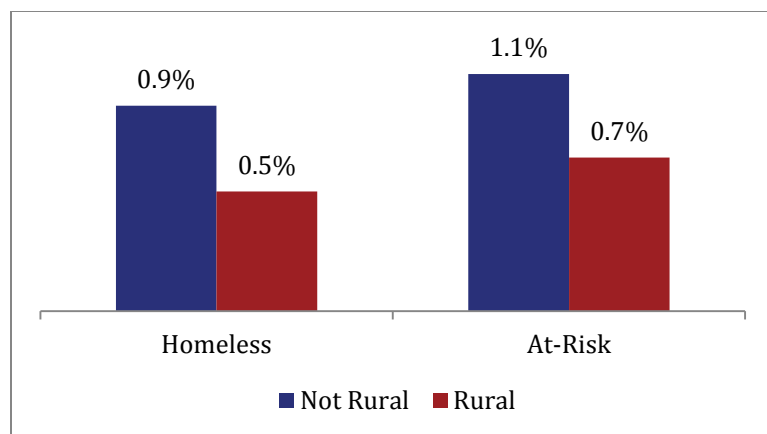
Compared to male Veterans, women screened positively more frequently for both homelessness and risk. Rates of both homelessness and risk were greatest among Veterans aged 45–54 years and lowest among those older than 65 years. (See Table 1.)

**Table 1. Prevalence of Housing Instability and Risk Among Veterans Accessing VHA Outpatient Care, by Gender and Age**

	Homeless	At-Risk	Negative
Number	36,081 (0.8%)	41,540 (1.0%)	4,230,143 (98.2%)
<b>Gender</b>			
Female	1.1%	1.6%	97.4%
Male	0.8%	0.9%	98.3%
<b>Age</b>			
<35	1.7%	1.8%	96.5%
35-44	1.5%	1.9%	96.7%
45-54	1.8%	2.0%	96.1%
55-64	1.3%	1.4%	97.3%
65+	0.2%	0.3%	99.5%

### Geographic Location

Figure 1 compares the rates of homelessness and risk for Veterans accessing services at VHA facilities in locations considered to be rural and not rural; rates for both homelessness and risk are higher in areas considered not rural.



**Figure 1. Prevalence of Homelessness and Risk Among Veterans Accessing VHA Outpatient Care, by Rural Location**

### Screening Location

Screening for homelessness and risk is conducted in primary care, social work, mental health/substance abuse, and other specialty clinics. While approximately four out of five Veterans are screened during a primary care visit, the rates of positive screens are highest in social work and mental health/substance abuse clinics; clinics that specifically address substance use disorders identify the highest proportion of Veterans who are homeless or at-risk. Consistent with findings related to age, geriatric clinics have the lowest rates of positive screens.

### Current Living Situation

As expected, Veterans who screened positive for homelessness reported different current living situations than those who were at-risk. (See Table 2.) Among Veterans who screened positive for risk, the largest proportion was living in their own home without a subsidy while those reporting homelessness were living with friends or family. While the vast minority of Veterans who screened positive for homelessness risk were living in a motel/hotel, institution, shelter, or on the streets, a sizable proportion of those reporting homelessness were living in those situations.

**Table 2. Current Living Situation Among Veterans Who Screened Positive for Homelessness and Risk**

	Homeless	At-Risk
Number	36,081	41,540
<b>Living Situation</b>		
House – no subsidy	19.6%	59.0%
House – subsidy	2.3%	6.0%
Friends or family	37.5%	22.3%
Motel or hotel	5.7%	1.1%
Institution	3.4%	0.8%
Shelter	6.3%	0.4%
Street	11.4%	0.6%
Other or missing	13.8%	9.9%

Note. Current living situation was missing for 343 Veterans.

Approximately one-fifth of Veterans who screened positive for homelessness—that is, reported that they had not been living in stable housing during the previous two months—identified living in their own house. These Veterans may have been rehoused, following a recent period of housing instability. A small number of Veterans who self-reported risk of homelessness were living in situations that would typically be defined as homeless, such as a motel/hotel, shelter, or the streets, indicating that although these Veterans were currently homeless, they did not perceive this as recent or current housing instability.

## Rescreening

During FFY 2013, 22.8% of the 77,621 Veterans who screened positive responded to a subsequent screen between 6 and 12 months after the first. Initial results indicate that:

- One-fifth of Veterans who screened positive for homelessness were rescreened; according to this second screen, 80.5% resolved their homelessness.
- Almost one-quarter of Veterans who screened positive for homelessness risk were rescreened; during the second screen 87.7% of Veterans reported that their homelessness risk was resolved.

## IMPLICATIONS

Data from the first fiscal year of the VHA national-level screener for homelessness and imminent risk found prevalence rates of 0.8% and 1.0%, respectively, among Veterans who were not currently linked with VA Homeless Programs and were seeking outpatient services through VHA. Specific subpopulations—including women Veterans and those in the middle age group (45–54 years)—as well as Veterans living in non-rural areas appear to be at elevated risk of homelessness. However, initial results of Veterans’ rescreening six months or more after their initial screen indicate that a significant majority of Veterans are able to resolve their homelessness and risk.

An additional assessment of Veterans’ acceptance of referrals to social work and homeless services following a positive screen and their uptake of these services is necessary to determine the mechanism by which Veterans resolve their housing instability. Particular attention should be paid to the rate of services utilization among high-risk Veterans.

These findings have important implications for targeting and prioritizing interventions for Veterans at elevated risk of homelessness, particularly those living in certain housing situations. For example, there is clearly a need to provide intensive outreach and interventions to those Veterans who report current homelessness and living in literally homeless situations such as the streets and shelter. These findings also call for additional support to achieve housing stability among those who report recent homelessness but are now living in their own homes, either with or without a subsidy.

Among Veterans who report being at-risk, homelessness prevention resources—ranging from a light-touch intervention such as budgeting assistance or landlord mediation to temporary financial assistance—may play a significant role in mitigating this risk. Patterns of referrals to SSVF from VA Medical Centers or Community-Based Outpatient Clinics are of interest; determining the mechanism by which the majority of Veterans who report homelessness risk and then resolve that risk would inform future homelessness prevention interventions.

A Veteran's positive screen on the HSCR presents the opportunity to connect the Veteran to the Veterans Benefits Administration for evaluation, or re-evaluation, of a claim or referral to vocational or educational training programs. Additionally, VA Homeless Programs and social work services can also connect Veterans who are experiencing housing instability to employment and mainstream benefits. Finally, collaboration among services where Veterans most frequently screen positive for homelessness and risk—social work, mental health/substance abuse clinics— and with community partners would accelerate the system's progress in preventing and ending homelessness among Veterans.

The HSCR is a first-generation tool that advances VHA's transformation to a person-centered, prevention-oriented system with the potential to identify more expediently unstably housed Veterans and enhance the primary means of providing housing assistance and healthcare services.

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Opinions expressed in this research brief represent only the position of the National Center on Homelessness Among Veterans and do not necessarily reflect the official policy of the U.S. Department of Veterans Affairs.

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<sup>1</sup> U.S. Department of Housing and Urban Development. The 2013 Annual Homeless Assessment Report to Congress. Part 1: Point-in-Time Estimates of Homelessness. Washington, DC: Authors; 2013.

<sup>2</sup> Fargo JD, Metraux S, Byrne TH, Munley EA, Montgomery AE, Jones HE, Sheldon G, Culhane DP. Prevalence and risk of homelessness among U.S. Veterans: A multisite investigation. *Preventing Chronic Disease*. 2012;9:110–112.

<sup>3</sup> Montgomery AE, Fargo JD, Byrne TH, Kane V, Culhane DP. Universal screening for homelessness and risk for homelessness in the Veterans Health Administration. *American Journal of Public Health*. 2013;103(S2):S201–S211.

<sup>4</sup> Montgomery AE, Fargo JD, Kane V, Culhane DP. Development and validation of an instrument to assess imminent risk of homelessness among Veterans. Manuscript submitted for publication.